

Important Message About Medicare Rights: **ADMISSION, DISCHARGE, & APPEALS**

Patient's Name: _____

Date of Notice: _____

Health Insurance Claim (HIC) Number: _____

Admission Date: _____

Attending Physician: _____

Discharge Date: _____

Hospital: _____

ADMISSION NOTICE OF YOUR RIGHTS AS A HOSPITAL PATIENT

- ◆ You have the right to receive necessary hospital services covered by Medicare.
- ◆ You have the right to know about any decisions that the hospital, your doctor, or anyone else makes about your hospital stay and who will pay for it.
- ◆ Your doctor or the hospital may arrange for services you will need after you leave the hospital.
- ◆ After you leave the hospital, you may need more care. Medicare may cover skilled nursing home care for you. Medicare also may cover some care in your home (home health care), hospice care, and other kinds of care. You have a right to know about these services and who will pay for them.

Before you are discharged from the hospital, you need to read all of the information on the following pages. They will tell you when you will leave the hospital, what to do if you believe you are being asked to leave the hospital too soon, and whom you can contact for help. The following pages have a blank space for your discharge date. Before you leave the hospital, it will be filled in.

Please sign to let us know you have received this notice of discharge and appeal rights. You or your representative must be supplied with a copy of this notice.

Signature of Medicare patient or authorized representative

Date Signed

This is a Medicare & Medicaid Approved Notice.

NOTICE OF DISCHARGE & MEDICARE APPEAL RIGHTS

YOUR IMMEDIATE ATTENTION IS REQUIRED TODAY !

Your doctor has reviewed your medical condition and has determined that you can be discharged from the hospital because:

- G You no longer require inpatient hospital care.
- G You can safely get any medical care you need in another setting.
- G Other: _____.

This also means that, if you stay in the hospital, it is likely that your hospital charges for _____ and thereafter will not be covered by Medicare.

If you agree with your doctor's discharge decision, you can **either** read further to learn more about your appeal rights, **or** you can skip to the end of this notice and sign to show that you have received this notice.

Your doctor may have arranged for services you will need after you leave the hospital. You have the right to know about these services and who will pay for them. If you have questions about this, please talk to your doctor. **If you disagree** with your doctor's discharge decision, Medicare gives you the **right to appeal**. **In that case**, please **continue reading** to learn how to appeal a discharge decision, what happens when you appeal, and how much money you may owe.

IF YOU THINK YOU'RE BEING ASKED TO LEAVE THE HOSPITAL TOO SOON, REQUEST AN IMMEDIATE REVIEW

HOW DO YOU GET AN IMMEDIATE REVIEW?

1. The _____ is the name of the Peer Review Organization -- sometimes called a PRO -- authorized by Medicare to review the hospital care provided to Medicare patients. **You or your authorized representative, attorney, or court appointed guardian** must contact the PRO by telephone or in writing at: _____.
If you file a written request, please write, **"I want an immediate review."**
2. **Your request must be made no later than noon of the first working day after you receive this notice. "Working day" is defined as the days Monday-Friday.**
3. The PRO will make a decision within one full working day after it receives your request, your medical records, and any other information it needs to make a decision.
4. While you remain in the hospital, Medicare will continue to be responsible for paying the costs of your stay until noon of the calendar day following the day that the PRO notifies you of its official Medicare coverage decision.

WHAT IF THE PRO AGREES WITH YOUR DOCTOR'S DISCHARGE DECISION?

- M If the PRO agrees, you will be responsible for paying the cost of your hospital stay beginning at noon of the calendar day following the day that the PRO notifies you of its Medicare coverage decision .

WHAT IF THE PRO DISAGREES WITH YOUR DOCTOR'S DISCHARGE DECISION?

- M You will not be responsible for paying the cost of your additional hospital days, except for certain convenience services or items (e.g., television, telephone, etc.) not covered by Medicare.

WHAT IF YOU DON'T REQUEST AN IMMEDIATE REVIEW?

- M If you **remain** in the hospital and **do not** request an immediate review by the PRO, **you** may be financially responsible for the cost of many of the services you receive beginning _____.
- M If you **leave** before _____, you will not be responsible for the cost of care. As with all hospitalizations, you may have to pay for certain convenience services or items not covered by Medicare.

WHAT IF YOU MISS THE DEADLINE TO FILE FOR AN IMMEDIATE REVIEW?

- M If you are late and miss the noon deadline to file for an immediate review by your PRO, you may still request an appeal from the PRO at any point during your stay.
- M You may request this review at the address or phone number of the PRO listed on the previous page. A late request means you could be responsible for paying the costs of your hospital stay beginning _____.
- N The PRO will review your case within 2 working days after you make a request.
- N The PRO will either give you a denial notice or a notice explaining that the care is covered.
- M If you request a review after you are discharged from the hospital, you may still request the PRO to review your case within 30 calendar days after receipt of this notice.
- N The PRO will give you an answer within 30 calendar days after receiving your request.
- N The PRO will give you a denial notice or a notice explaining that the care is covered.

Keep in mind that you may end up paying for this extended hospital stay if you do not file for an immediate PRO review.

Please sign to let us know you have **received** this notice of discharge and appeal rights. By signing this notice, you do **not** give up your right to appeal this discharge.

Signature of Medicare patient or authorized representative

Date Signed

cc:

Important Message About Medicare Rights: ADMISSION, DISCHARGE, & APPEALS

Patient's Name: _____ Date of Notice: _____

Health Insurance Claim (HIC) Number: _____ Admission Date: _____

Attending Physician: _____ Discharge Date: _____

Hospital: _____ Health Plan: _____

ADMISSION NOTICE OF YOUR RIGHTS AS A HOSPITAL PATIENT

- ◆ You have the right to receive necessary hospital services covered by your Medicare Health Plan.
- ◆ You have the right to know about any decisions that the hospital, your Medicare Health Plan, or anyone else makes about your hospital stay and who will pay for it.
- ◆ Your Health Plan or the hospital may arrange for services you will need after you leave the hospital.
- ◆ After you leave the hospital, you may need more care. Your Medicare Health Plan may cover skilled nursing home care for you. Your Health Plan also may cover some care in your home (home health care), hospice care, and other kinds of care. You have a right to know about these services and who will pay for them.

Before you are discharged from the hospital, you need to read all of the information on the following pages. They will tell you when you will leave the hospital, what to do if you believe you are being asked to leave the hospital too soon, and whom you can contact for help. The following pages have a blank space for your discharge date. Before you leave the hospital, it will be filled in.

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- G Other: _____.

This also means that, if you stay in the hospital, it is likely that your hospital charges for _____ and thereafter will not be covered by your Health Plan.

If you agree with your doctor's discharge decision, you can **either** read further to learn more about your appeal rights, **or** you can skip to the end of this notice and sign to show that you have received this notice.

Your doctor or Health Plan may have arranged for services you will need after you leave the hospital. You have the right to know about these services and who will pay for them. If you have questions about this, please talk to your doctor or Health Plan.

If you disagree with your doctor's discharge decision, Medicare gives you the **right to appeal**. **In that case**, please **continue reading** to learn how to appeal a discharge decision, what happens when you appeal, and how much money you may owe.

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2. **Your request must be made no later than noon of the first working day after you receive this notice. "Working day" is defined as the days Monday-Friday.**
3. The PRO will make a decision within one full working day after it receives your request, your medical records, and any other information it needs to make a decision.
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- M If you **remain** in the hospital and **do not** request an immediate review by the PRO, **you** may be financially responsible for the cost of many of the services you receive beginning _____.
- M If you **leave** before _____, you will not be responsible for the cost of care. As with all hospitalizations, you may have to pay for certain convenience services or items not covered by your Health Plan.

WHAT IF YOU MISS THE DEADLINE TO FILE FOR AN IMMEDIATE REVIEW?

- M If you are late and miss the noon deadline to file for an immediate review by your PRO, you may still request an expedited (fast) appeal from your Health Plan. A "fast" appeal means your Health Plan will have to review your request within 72 hours. However, **you will not have automatic financial protection during the course of your appeal.** This means you could be responsible for paying the costs of your hospital stay beginning _____.

HOW DO YOU REQUEST A FAST APPEAL? Call or fax your request to your Health Plan:

- M If you filed a request for immediate PRO review but were late in filing the request, the PRO will forward your request to your Health Plan as a request for a fast appeal.
- M If you're filing a written request, please write, "**I want a fast appeal.**"
- M If you or any doctor asks your Health Plan to give you a fast appeal, your Health Plan must process your appeal within 72 hours of your request.
- M Your Health Plan may take up to 14 extra calendar days to make a decision if you request an extension or if your Health Plan can justify how the extra days will benefit you. For example, you should request an extension if you believe that you or your Health Plan need more time to gather additional medical information. Keep in mind that you may end up paying for this extended hospital stay.

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Signature of Medicare patient or authorized representative
cc:

Date Signed